

UTILITY PATENT APPLICATION TRANSMITTAL		PTO/SB/05 (06-03) U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.	018563-001140US / AT-00014.3
		First Inventor	PHAN, LOC X.
		Title	ATTACHMENT DEVICES AND METHODS FOR A DENTAL APPLIANCE
		Express Mail Label No.	EV 348063714US

17497 U.S. PAT. 10/660857
 09/12/03

APPLICATION ELEMENTS	ADDRESS TO
See MPEP chapter 600 concerning design patent application contents.	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification w/title page [Total Pages 22] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) FORMAL(35 U.S.C.113) [Total 14] 5. Oath or Declaration [Total Pages 1] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper number of pages c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. <input type="checkbox"/> Other:

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation
 ☐ Divisional
 ☐ Continuation-in-part (CIP)
 of prior application No: 10/040,269
 Prior application information: Examiner _____ Art Unit: 3732

For **CONTINUATION or DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number		20350		OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
City			State		
Country			Telephone	Fax	

Name (Print/Type)	Lynn M. Thompson	Registration No. (Attorney/Agent)	47,991
Signature			Date
			September 12, 2003

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 750

Complete if Known

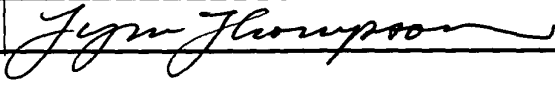
Application Number	
Filing Date	September 12, 2003
First Named Inventor	PHAN, LOC X.
Examiner Name	Unassigned
Art Unit	Unassigned
Attorney Docket No.	018563-001140US / AT-00014.3

METHOD OF PAYMENT (check all that apply)		3. ADDITIONAL FEES	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card		
<input type="checkbox"/> MoneyOrder	<input type="checkbox"/> Other		
<input type="checkbox"/> None			
Deposit Account: <input checked="" type="checkbox"/>			
Deposit Account Number: 20-1430			
Deposit Account Name: Townsend and Townsend and Crew LLP			
The Commissioner is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)
1001 750	2001 375	1051 130	2051 65
1002 330	2002 165	1052 50	2052 25
1003 520	2003 260	1053 130	2053 130
1004 750	2004 375	1812 2,520	1812 2,520
1005 160	2005 80	1804 920*	1804 920*
		1805 1,840*	1805 1,840*
		1251 110	2251 55
		1252 410	2252 205
		1253 930	2253 465
		1254 1,450	2254 725
		1255 1,970	2255 985
		1401 320	2401 160
		1402 320	2402 160
		1403 280	2403 140
		1451 1,510	1451 1,510
		1452 110	2452 55
		1453 1,300	2453 650
		1501 1,300	2501 650
		1502 470	2502 235
		1503 630	2503 315
		1460 130	1460 130
		1807 50	1807 50
		1806 180	1806 180
		8021 40	8021 40
		1809 750	2809 375
		1810 750	2810 375
		1801 750	2801 375
		1802 900	1802 900
		Other fee (specify) _____	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims 17 -20** = 0			
Independent Claims 1 -3** = 0			
Multiple Dependent			
Large Entity Small Entity			
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)
1202 18	2202 9		
1201 84	2201 42		
1203 280	2203 140		
1204 84	2204 42		
1205 18	2205 9		
SUBTOTAL (2) (\$0)			

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Lynn M. Thompson	Registration No. (Attorney/Agent)	47,991	Telephone	650-326-2400
Signature				Date	September 12, 2003